U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	* 	···	COURT CASE NUM	BER
Gary D. Williams, e	1:CV-00-1838			
DEFENDANT		· · · · · · · · · · · · · · · · · · ·	TYPE OF PROCESS	
Henson Transport, I	Writ of Execution			
			R DESCRIPTION OF PROPERTY	TO SEIZE OR CONDEMN
	ing Auctioneers	_ 		<u>.</u>
	RFD, Apartment No., City, Sta			
	369, Ross OH 4			
SEND NOTICE OF SERVICE COPY TO	REQUESTER AT NAME AND	ADDRESS BELOW:	Number of process to be	
Dennis E. Boyl	o Feguiro		served with this Form - 285	
	chmitt, Esquire		Number of parties to be	
Nauman, Smith,	Shissler & Hal	l, LLP	served in this case	
P. O. Box 840	17100 0040		Check for service	· · · · · · · · · · · · · · · · · · ·
			on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER I	NFORMATION THAT WILL A	SSIST IN EXPEDITING	SERVICE (Include Business and	Alternate Addresses, All
Telephone Numbers, and Estimated Times A	Available For Service):		<u></u>	Fold
U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Insurance Cover) For delivery information visit our website at www.		eturn recei	pt requested.	
Postage \$ NS	FA i	3237	TELEPHONE NUMBER	DATE
m Certified Fee	Rostmark	XXPLAINTIFF □ DEFENDANT	(747) 006 0040	
	Her e		(717) 230 3010	
(Endorsement Required)	SHA SHA	L ONLY — DO	NOT WRITE BELO	W THIS LINE
Restricted Delivery Fee (Endorsement Required)	trict	Signature of Author	rized USMS Deputy or Clerk	Date
Total Postage & Fees \$	Serve	1 1	11	2/3/.
Sent Town Bowlen	1111 hc 67	- y Dan	elle	
Street, Apt. No.:			xecuted as shown in "Remarks", the	
City, State, ZIP+4	45014	i the individual, company	y, corporation, etc., shown at the ad	dress inserted below.
(1900)		ompany, corporation, et-	c., named above (See remarks be.	low)
P\$ Form 3800, June 2002			A person of cretion then usual place	suitable age and dis- residing in the defendant's of abode.
Address (complete only if different than show	n above)		Date of Service	Time am
			19/3/03	pm
			Signature of U.S.	Marshal or Deputy
			$\Box O \approx$	000
	Forwarding Fee Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
(including endeavors)	∇^{ω}			
REMARKS:	<u> </u>			
2/3/03 ma	led Cert.			

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIPF Gary D. Williams, et al. DEFENDANT Henson Transport, Inc. et al. SERVE MYPON C. BOWLING ADDRESS (Street or RFD. Apartmeen No. City. State and ZIP Cicle) AT SERVE Dennis E. Boyle, Regulester A NAME AND ADDRESS BELOW. Dennis E. Boyle, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Check for service on U.S.A. SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION COMPLETE THIS SECTION Addressed to: Attack Addressed to: Acceptable them 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Attack this card to the back of the melapince, or on the front if space permits. 1. Article Addressed to: MANDER: COMPLETE THIS SECTION Complete them 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. A Signature A Signature of Dobey A Signature of U.S. Anarshal or Depty A Matter Address increase below. Address (complete only if different than shown above) Address (complete only if different than shown above) A Dear of System and the defendance and th				
SERVE	PLAINTIFF		COURT CASE NUMBER	
HENSON Transport, Inc. et al. SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDE Myron C. Bowling ADDRESS (Size or RFD. Aparimen No. Cig. Size and ZIP Code) AT 3901 Kraus Lane, Ross, OH 45014 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. Number of process to be served with this Form - 285 Dennis E. Boyle, Esquire	Garv D. Williams. et		{	
SERVE MY C. BOWLING ADDRESS (Street or RFD. Apartment No. City. State and ZIP Code) AT 3901 Kraus Lane, Ross, OH 45014 SEND NOTICE OF SERVICE COPYTO REQUESTER AT NAME AND ADDRESS BELOW. Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 SENDER: COMPLETE THIS SECTION Complete borns 1.2, and 3, Also complete item 4 if Restricted Delivery is decired. Print your name and address on the reverse so that we can return the card to you. Aftach this card to the back of the malplace, or on the front if space permits 1. Article Addressed to: My Month of PROPERTY TO SEIZE OR CONDE SENDER: COMPLETE THIS SECTION Complete borns 1.2, and 3, Also complete item 4 if Restricted Delivery is decired. Print your name and address on the reverse so that we can return the card to you. Aftach this card to the back of the malplace, or on the front if space permits 1. Article Addressed to: My Month of Space permits 2. Service Type Agent My Space PROPERTY TO SEIZE OR CONDE Number of process to be served with this Form 285 Lane of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be served with this Form 285 Number of process to be			TYPE OF PROCESS	
NAME OF INDIVIDUAL CUMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDER MY TO C. Bowling ADDRESS (Street or RFD. Apparament No., City. State and ZIP Code) 3901 Kraus Lane, Ross, OH 45014 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Check for service on U.S.A. SENDER: COMPLETE THIS SECTION © OPPLETE THIS SECTION ON DELIVERY A Signature So that we can return the care of to you. Aftech this card to the back of the maliploce, or or the front of space permits. 1. Article Addressed to: My You have Joseph Deficient from bon 12 10 tes YES, error deliving address below: PHONE NUMBER 7) 236-3010 TWRITE BELOW THIS LIN BELOW THIS LIN Address (complete only if different than shown above) Name and tric of individual served (if not shown above) Name and tric of individual served (if not shown above) Name and tric of individual served (if not shown above) Address (complete only if different than shown above) Name and tric of individual served (if not shown above) Address (complete only if different than shown above) Name and tric of individual served (if not shown above) Name and tric of individual served (if not shown above) Name and tric of individual served (if not shown above) Name and tric of individual served (if not shown above) Name and tric of individual served (if not shown above)	Henson Transport, In	Writ of Execution		
Myron C. Bowling ADRESS (Street or RPD. Apartment No City. State and ZIP Code) 3901 Kraus Lane, Ross, OH 45014 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Check for service Identified Business and Alternate Addresses. SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A Signature And Addressed to: A Signature A Signatu				NDEMN
AT 3901 Kraus Lane, Ross, OH 45014 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Check for service ou U.S.A. SENDER: COMPLETE THIS SECTION Domplete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malpines, or on the front if space permits. A Signature A Signature of U.S. Manshal or Depayy A Address (complete only if different than shown above) Date of Service a shown in "Remarks", the process described artion, etc. shown at the address inserted below. Date of Service Date of Service A Signature of U.S. Manshal or Depayy A Address (complete only if different than shown above)	, _	ling		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Concurs. Complete items 1, 2, and 3. Also complete items 1, 2 and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the care to you. Attach this card to the back of the malpiece. Or on the front if space parmites. 1. Article Addressed to: Maynon C. Boulung 3 9 01 Kraus Sau Restricted Delivery address deliver in this into 17 less If YES, enter delivery address below: No Despite them 1.2 and 3. Also complete items 1.2 and 3. Also complete items 1.2 and address on the reverse so that we can return the card to you. A Signature Delivery A Signature of U.S Marshal or Deputy A Deputy of U.S. Marshal or Deputy A	ADDRESS (Street or RFD.	Apartment No., City, State and ZIP Code)		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Concurs. Complete items 1, 2, and 3. Also complete items 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the care to you. Attach this card to the back of the malpiece. Or on the front if space parmite. 1. Article Addressed to: May Delivery address deliver in this front if space parmite. 1. Article Addressed to: May Delivery address delivery address below: No Delivery address below: PS Form 3811, August 2001 Demostic Return Receipt Domestic Return Receipt Tozoss-02-M-1540 Date of Sprive Time Address (complete only if different than shown above) Date of Sprive Time Address (complete only if different than shown above) Address (complete only if different than shown above) Address (complete only if different than shown above) Name and title of individual served (if not shown above) Date of Sprive Time Address (complete only if different than shown above)	AT 2001 V 200 T	ano Poga OU 45014		
Dennis E. Boyle, Esquire Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Complete items 1, 2, and 3, Also complete items 3, 2, and 3, Also complete items 3, 2, and 3, Also complete items 3, 2, and 3, Also complete items 4, 1, 2, and 3, Also complete items 4, 1, 2, and 3, Also complete items 3, 2, and 3, Also complete items 4, 1, 2, and 3, Also complete items 4, 1, 2, and 3, Also complete items 4, 2, and 4,		<u> </u>	<u> </u>	
Jodi A. Beierschmitt, Esquire Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Check for service On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service and Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service) On U.S.A. E. (Include Business and Alternate Addresses, Other Service and Other Servi		- 1		
Nauman, Smith, Shissler & Hall, LLP P. O. Box 840 Harrisburg PA 17108-0840 Check for service on U.S.A. Check for service on U.S.A. E (Include Business and Alternate Addresses, Mall Signature of U.S.A. A Signature Print your name and address on the reverse so that we can return the card to you. A Addressed to: A Addressed to: A Warrisburg A Signature A Maddressed Tempton C Date of Delivery A Signature A Maddressed Tempton C Date of Delivery A Signature A Signature of U.S.A. Address (complete only if different than shown above) A Address (complete only if different than shown above) A Address (complete only if different than shown above) A Signature of U.S.A. A Date of Service A Signature of U.S.A. A Date of Service A Date	_ ,	Number of parties to be		
Check for service on U.S.A.		· · · · · · · · · · · · · · · · · · ·		
SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete items 4, 18 restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. A signature A Si	· · · · · · · · · · · · · · · · · · ·	urborer a narr, nnr	<u> </u>	
SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A Signature A Signature Addresses Fequested B Received by Contect Marm A Signature A Signature Addresses Fequested A Signature Addresses Fequested A Signature A Signature Addresses Fequested A Signature Addresses Fequested B Received Below: Fequested A Signature Addresses Fequested B Received Below: Fequested A Signature Addresses Fequested B Received Below: Fequested A Signature Addresses Fequested Fequested		17108-0840		
■ Complete items 1, 2, and 3, Also complete items 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: A Signature				A!!
B Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Mython C Bouling 3 9 0 1 Knows Jane Received by Officed Name Dotter	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	E (Include Business and Alternate Address	
### Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits. Article Addressed to:				Fold
B. Received by Enterth Name C. Date of Delivery Control Name Date Address Complete only if different than shown above B. Received by Enterth Name C. Date of Delivery Control Name C. Date Control Name Control N	item 4 if Restricted Delivery is desired.	□ Ag		
The front is pace permits. I. Article Addressed to: My C. Bowling 3 9 0 1 Knaw Jane Phone Number Phone N		Ac	dressee requested.	
1. Article Addressed to: Mayron C. Bowling 3901 Kraws Jane Ross, Dhid 450/4 3. Service Type Ocertified Mail Express Mail Registered Return Receipt for Merchandise Process described ation. etc. shown at the address inserted below. Address (complete only if different than shown above) D. Is delivery address different from item 1? Yes Yes Phone Number Twrite Below This Line Phone Number Twrite Below This Line Phone Number Phone Number Twrite Below This Line Phone Number Phone N	Attach this card to the back of the mailpiece,		Delivery	
Myron C. Bowling 3 901 Kraws Lane Septice Type	or on the front if space permits.	- Long to the state of the stat	<u>. 05</u>	
Registered Return Receipt for Merchandise C.O.D. A Restricted Delivery? (Extra Fee) Yes as shown in "Remarks", the process described ation, etc., shown at the address inserted below. PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ed above (See remarks below)		# MEA		
Registered Return Receipt for Merchandise C.O.D. A Restricted Delivery? (Extra Fee) Yes as shown in "Remarks", the process described ation, etc., shown at the address inserted below. PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ed above (See remarks below)	marion (Bowling		PHONE NUMBER DATE	
Registered Return Receipt for Merchandise C.O.D. A Restricted Delivery? (Extra Fee) Yes as shown in "Remarks", the process described ation, etc., shown at the address inserted below. PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ed above (See remarks below)		The State of the s	7) 236-3010	
Registered Return Receipt for Merchandise C.O.D. A Restricted Delivery? (Extra Fee) Yes as shown in "Remarks", the process described ation, etc., shown at the address inserted below. PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ed above (See remarks below)	3901 Kraus Jane			
Registered Return Receipt for Merchandise C.O.D. A Restricted Delivery? (Extra Fee) Yes as shown in "Remarks", the process described ation, etc., shown at the address inserted below. PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ed above (See remarks below)	Q Duid 450/4	3. Service Type	T WRITE BELOW THIS I	LINE
Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if different than shown above Insured Mail C.O.D. 24 Complete only if meant in "Remarks", the process described ation, etc., shown at the address inserted below. 2595-02-M-1540 ed above (See remarks below) Complete only if different than shown above	George, Caro	1 f 1		e
4. Restricted Delivery? (Extra Fee) 2 Addicto Abumbar. 7002 2410 0003 3614 7959 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 Name and title of individual served (if not shown above) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendar usual place of abode. Address (complete only if different than shown above) Date of Service 7 ime 2/6/63 Signature of U.S. Marshal or Deputy		· —		1210
as shown in "Remarks", the process described ation, etc., shown at the address inserted below. PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ed above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendar usual place of abode. Address (complete only if different than shown above) Date of Service Time 2/6/63 Signature of U.S. Marshal or Deputy				3 /52
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 ation, etc., shown at the address inserted below. Name and title of individual served (if not shown above) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendational place of abode. Address (complete only if different than shown above) Date of Service Time 2/6/3 Signature of U.S. Marshal or Deputy	2 Article Alumber	1 1000101010101111111111111111111111111		d
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendar usual place of abode. Address (complete only if different than shown above) Date of Service 2/6/3 Signature of U.S. Marshal or Deputy	7002 2410 0003 3814 79	69 UV-00-183	ation, etc., shown at the address inserted belo	
Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in the defendation usual place of abode. Address (complete only if different than shown above) Date of Service 2/6/3 Signature of U.S. Marshal or Deputy A person of suitable age and discretion then residing in the defendation usual place of abode. Date of Service A person of suitable age and discretion then residing in the defendation usual place of abode. Date of Service A person of suitable age and discretion then residing in the defendation usual place of abode. Date of Service A person of suitable age and discretion then residing in the defendation usual place of abode.	PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-0	2-M-1540 ed above (See remarks below)	
Address (complete only if different than shown above) Date of Service Time 2/6/3 Signature of U.S. Marshal or Deputy	Name and title of individual served (if not show			dis-
Signature of U.S. Marshal or Deputy Acadele	Name and the of marvidual served (it not show		cretion then residing in the det	
Signature of U.S. Marshal or Deputy	Address (complete only if different than shown about	ive)	Date of Service Time	am
Janelle			2/6/13	pm
Janelle			Signature of U.S. Marshal or Det	···-
The Late Charles Charles Charles Charles Late Charles Late Charles Cha			$0 \neq 0$	<i>D</i>
II I =		ording Eng. Total Changes Advance Descrit.	Amount owed to U.S. Marshal or Amount of Re	efund
Service rece from Mineage emanges from emanger from emanger		rarding ree Iotal Charges Advance Deposits	Amount owed to 0.5. Maishar of Amount of Re	viuily
~ 0 (including endeavors) ~ 0	ر ا	S,O'		
REMARKS: 2/3/03 Ma, (a) Co.A.	REMARKS: 3/2/2 2			